

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028, Expires 10-31-91
GSA No. 0749-EPA-07

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3070 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
REC'D. 10/1/95

APR 04 1995

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

~~IA P0000000~~
IA P0000001376

II. Name of Installation (Include company and specific site name)

D C F R A N C H E & C O M P A N Y

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

7 3 5 F E D E R A L S T R E E T

Street (continued)

City or Town

D A V E N P O R T

State

ZIP Code

IA

5 2 8 0 3 -

County Code

County Name

S C O T T

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

K U D L I N S K I

(first)

J 4 M I E S

Job Title

E P A O S C

Phone Number (area code and number)

9 1 3 - 5 5 1 - 5 1 5 2

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

☐
☒

B. Street or P.O. Box

2 5 F U N S T O N R O A D

City or Town

K A N S A S C I T Y

State

ZIP Code

KS

6 6 1 1 5 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

D A R L E N E F R A N C H E

Street, P.O. Box, or Route Number

2 9 7 7 W. A S H L E Y D R I V E U N I T B

City or Town

W E S T P A L M B E A C H

State

ZIP Code

FL

3 3 4 1 5 -

Phone Number (area code and number)

- - - - -

B. Land Type

☐

C. Owner Type

☐

D. Change of Owner Indicator

☐

Yes No

(Date Changed) Month Day Year

- - - - -

EPA Form 8700-12 (07-90) Previous edition is obsolete.

RCRA RECORDS



449814

RCRIS data entered

BY POD ANPP/SEE

ON 5/2/95

RCRA FILE COPY

IA P000 001376

DOCUMENT # 1

Form Approved. OMB No. 2050-0027. Expires 10-31-91
GSA No. 0248-EPA-OT

EPA Form 8700-12 (07-90) Previous edition is obsolete.

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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0746-EPA-OT

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Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
REC'D. IOVA SEC.
APR 04 1995

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

~~IAR00000000~~
IAP0000001376

II. Name of Installation (Include company and specific site name)

DC FRANCHISE COMPANY

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

735 FEDERAL STREET

Street (continued)

City or Town

DAVENPORT

State

ZIP Code

IA 52803 -

County Code

County Name

SCOTT

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

KVDLINSKI

JAMES

Job Title

Phone Number (area code and number)

EPA OSC

913-551-5152

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box



25 FUNSTON ROAD

City or Town

KANSAS CITY

State

ZIP Code

KS 66115 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

DARLENE FRANCHISE

Street, P.O. Box, or Route Number

2977 W. ASHLEY DRIVE UNIT B

City or Town

WEST PALM BEACH

State

ZIP Code

FL 33415 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

Yes

No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Off-Specification Used Oil Fuel
<input checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner
<input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Marketer
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 1. Utility Boiler
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 2. Industrial Boiler
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> 3. Industrial Furnace
Mode of Transportation	<input type="checkbox"/> 3. Industrial Furnace	2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 5. Underground Injection Control	
<input type="checkbox"/> 2. Rail		
<input type="checkbox"/> 3. Highway		
<input type="checkbox"/> 4. Water		
<input type="checkbox"/> 5. Other - specify		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☒

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

D008 D002

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2 F005	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

James F. Kudlinski

Name and Official Title (type or print)

JAMES F. KUDLINSKI, EPA/OSC

Date Signed

4/3/95

XI. Comments

EPA CONDUCTING EMERGENCY REMOVAL ACTION AT ABANDONED PAINT
PRODUCTION FACILITY.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)